

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 08/13/2020

Need Date: 08/14/2020

PROCESSING DEPARTMENT:

Department: SHERIFF'S OFFICE
Dept. Contact: Tania Donnelly
Phone: 530-621-6636
Department
Head Signature: *Jon DeVille*

CONTRACTOR:

Name: DR. MICHAEL BERRY
Address: 1000 FOWLER WAY
PLACERVILLE, CA 95667
Phone: _____
Org Code: 2410GEN
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: SHERIFF'S OFFICE

Service Requested: AUTOPSY SERVICES FOR CORONER
Description: EXTEND TERM AND COMP
Contract Term: WHEN SIGNED - 06/30/2025 Contract Value: \$1,385,000

COUNTY COUNSEL: (must approve all contracts and MOU's)

Approved: Disapproved: Date: 8/20/20 By: SLM
Approved: Disapproved: Date: _____ By: _____

Approved by Stephen Mansell, Sr. Deputy County Counsel

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

